



Atty. Dkt. No. 072827-1801

TECH CENTER 10/03/2000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas Stormann et al.

Title: G-PROTEIN FUSION RECEPTORS
AND CHIMERIC GABA_b
RECEPTORS

Appl. No.: 09/679,664

Filing Date: 10/03/2000

Examiner: Robert Landsman

Art Unit: 1647

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below.

Deborah Wykes

(Printed Name)

[Signature]

(Signature)

August 26, 2003

(Date of Deposit)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the Examiner finally rejecting Claims 1-11 and 42-46, as indicated in the Final Office Action mailed 2/26/03.

☐ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

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320.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$320.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$930.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1250.00
<input checked="" type="checkbox"/>	Extension Fees Previously paid:	\$930.00
	TOTAL FEE:	\$320.00

☒ Extension of Time Fee

☒ Extension fee paid in prior response.

☐ Please charge Deposit Account No. 50-0872 in the amount of \$320.00 . A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$320.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 26 August 2003

By Wesley B. Ames

FOLEY & LARDNER
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